

# University of Toledo Office of Residence Life Summer Conference Reservation Form

Group Name: \_\_\_\_\_  Adult  Youth (under 18)  Both  
Check In: Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.  
Check Out: Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.  
Group Coordinator: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address for Invoicing: \_\_\_\_\_ UT Mail Stop #: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

## Housing and Billing Information

Total Number to be Housed: \_\_\_\_\_ # in Double Rooms \_\_\_\_\_ # in Single Rooms: \_\_\_\_\_  
Number of Male Participants: \_\_\_\_\_ # in Double Rooms \_\_\_\_\_ # in Single Rooms: \_\_\_\_\_  
Number of Female Participants: \_\_\_\_\_ # in Double Rooms \_\_\_\_\_ # in Single Rooms: \_\_\_\_\_  
Number of Male Staff/Counselors: \_\_\_\_\_ # in Double Rooms \_\_\_\_\_ # in Single Rooms: \_\_\_\_\_  
Number of Female Staff/Counselors: \_\_\_\_\_ # in Double Rooms \_\_\_\_\_ # in Single Rooms: \_\_\_\_\_  
Early Arrivals? Yes: \_\_\_\_\_ No: \_\_\_\_\_ # Expected: \_\_\_\_\_ Date of Arrival: \_\_\_\_\_  
Late Departures? Yes: \_\_\_\_\_ No: \_\_\_\_\_ # Expected: \_\_\_\_\_ Date of Arrival: \_\_\_\_\_

### Building Request:

\_\_\_\_\_ The Crossings (6 person suites; 2 in each bedroom)  
\_\_\_\_\_ International House (4 person suites; 2 in each bedroom)

### Room Assignments will be made:

In Advance \_\_\_\_\_ At Check In \_\_\_\_\_ By Group Coordinator \_\_\_\_\_ By Housing Staff \_\_\_\_\_

Linen Service Needed? Yes \_\_\_\_\_ No \_\_\_\_\_ (\$5/night/person)

Food Service Needed? Yes \_\_\_\_\_ No \_\_\_\_\_

### Housing Related Charges: (Check One)

Bill Group Coordinator \_\_\_\_\_ Bill Participants \_\_\_\_\_ (Payment will be accepted in advance or at check-in)

Internal Transfer (For UT departments only) \_\_\_\_\_ Account Number: \_\_\_\_\_

### Special Accommodations/Additional Requests:

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Office Use: \_\_\_\_\_ Date Received \_\_\_\_\_  
Building(s) Assignment: \_\_\_\_\_ Floor(s) Assignment: \_\_\_\_\_  
Rates - Double: \_\_\_\_\_ Single: \_\_\_\_\_ Floor(s) Assignment: \_\_\_\_\_

Please contact : Mark A. Brooks, 419-530-8404 with questions/concerns.

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